

REMARKS

Claims 1-3, 5-12, 14-20 were rejected under 35 U.S.C. §102(e) as being anticipated by US pat. pub. 2003/0083699 (Hamilton et al.) Amended Claim 1 describes an automated external defibrillator comprising an information request input; a state parameter indicative of the current operational state of the defibrillator; an output; and a controller which provides context-sensitive rescue information to the output in response to the information request input and the current operational state of the defibrillator. Amended Claim 10 is a method for operating the automated external defibrillator of Claim 1 to provide context-sensitive rescue information to the user of the automated external defibrillator, the method comprising the steps of requesting help through the information request input; determining the current operational state of the defibrillator by the defibrillator; and conveying through an output rescue information based on said requesting step and determining step. As explained at the top of page 2 of the present application, AEDs are known which provide audible and visual prompts to the user, which is the purpose of the AED described in Hamilton et al. But the present application continues in the next paragraph to caution that these prompting features can delay trained medical personnel who can work faster than the prompts, and can complicate the already chaotic rescue situation with extraneous and distracting information. This is particularly possible with layperson rescuers, who can become confused or freeze during the stress of a rescue. Hamilton et al. are sensitive to this problem in paragraph [0023], where they say that "to provide the same information using audio or textual prompts alone could inundate the caregiver with detailed information that could confuse the caregiver." Their solution is to doubly inundate the caregiver with both audio and graphic prompts from their AED. Adding further to the stress and confusion of

the layperson rescuer, Hamilton et al. provide a timed LED next to each graphic, raising the stress level even further as the LEDs time out. In a final bit of complexity, Hamilton et al. propose to put a button next to each graphic which, when pressed, causes more detailed audio prompts related to that graphic to be output by the AED. Ostensibly each button can be pressed anytime, in each instance providing the same information about its associated graphic. During a CPR interval, for instance, the button next to the shock delivery graphic could be pressed and the rescuer would hear detailed information about shock delivery, not CPR.

The present inventors have taken a distinctly opposite approach in their illustrated AED, which is to provide a single information button 26 on their AED. The information button does not provide information related to an associated graphic or prompt as Hamilton et al. do, but causes context-based help information to be produced based on the current operational state of the defibrillator. For instance, if the AED is in a CPR interval, pressing the button causes CPR instructions to be presented. The user interface of the AED is simplified to a single help button, and in the preferred embodiment the button is only illuminated when the AED is in an operational state when help information is available. In other states the button is not illuminated to avoid unnecessary confusion and complexity for the rescuer. Accordingly it is respectfully submitted that Claims 1 and 10 and their dependent Claims 2-3, 5-9, 11-12, and 14-20 cannot be anticipated by Hamilton et al.

Claims 4 and 14 (perhaps 13 was meant?) were rejected under 35 U.S.C. §103(a) as being unpatentable over Hamilton et al. in view of US pat. pub. 2002/0143366 (Herleikson et al.) Herleikson et al. was cited for its teaching of an AED which is capable of determining whether the connected electrode is an adult or a pediatric electrode. However, Herleikson et al. fail to provide the element missing from Hamilton et al., the

ability to provide context-sensitive rescue information depending upon the operational state of the defibrillator. Since Claims 4 and 14 both ultimately depend from Claim 1 which include this element, the combination of Hamilton et al. and Herleikson et al. cannot render Claims 4 and 14 unpatentable.

In view of the foregoing amendments and remarks, it is respectfully submitted that Claims 1-3, 5-12, 14-20 are patentable over Hamilton et al. and that Claims 4 and 14 are patentable over the combination of Hamilton et al. and Herleikson et al. Accordingly it is respectfully requested that the rejection of Claims 1-3, 5-12, 14-20 under 35 U.S.C. §102(e) and of Claims 4 and 14 under 35 U.S.C. §103(a) be withdrawn.

In light of the foregoing amendment and remarks, it is respectfully submitted that this application is now in condition for allowance. Favorable reconsideration is respectfully requested.

Respectfully submitted,

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April 14, 2008